The doctor and his patients: the intergenerational dispute concerning the ideal physician, the Czech Lands 1840s-1890s

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ABSTRACT: In the second half of the 19th century, the professionalization of the medical field took place in the Czech Lands, then part of Austria-Hungary. The physicians' aim was to eliminate their rivals, such as charlatans, folk healers, and other alternative healers, but they also strove to regulate competition among colleagues. In this period, which can be described as a period of therapeutic nihilism, a new generation of physicians emerged in the Czech Lands who tried to promote and apply new medical knowledge to everyday practice in the medical market. In practice, however, it was very hard for this innovative group of young medics to defend their scientific approach and their professional honor from the demands of patients, on whose monetary reward they and their families depended. The article argues that there was a dispute between the older and younger generations of physicians over the ideal of the physician and his honor. This hypothesis is based on a discursive analysis of medical manuals for laymen penned mostly by physicians, so-called «house physicians», and of articles in professional journals published by local physicians in the Czech language. The conflict is illustrated by examples of bloodletting and drug prescriptions.

KEYWORDS: medicine, patients, Czech physicians, bloodletting, professional discourse.

1. Introduction (*)

The second half of the nineteenth century is considered a golden age of medicine in the Czech Lands[1], the territories of Bohemia, Moravia and Silesia that were then part of the Austrian-Hungarian Empire. Medical practice in this period was shaped by new scientific knowledge and know-how, such as the successful battle against smallpox through vaccination, and by an overall expansion of public hygiene through measures such as guaranteeing a clean water supply, building sewerage systems, and promoting the hygiene of dwellings. However, at the same time, it was also a period of therapeutic nihilism: physicians were able to diagnose an illness correctly, but they could not cure it, as they lacked efficient means to do so[2]. This is one of the reasons why physicians tended to recommend dietary measures and/or a spa residence to their patients. Access to healthcare in the Czech Lands was rather limited, despite the laws that strove to create a dense network of municipal physicians[3] and even introduced health insurance[4]. By 1910, there were apparently 4.4 physicians for every 100,000 inhabitants[5]. To place this figure in perspective, let us point out that while in 1910 there was 1 physician for every 23 000 inhabitants in the Czech Lands, there was 1 physician for every 222 inhabitants in the Czech Republic in 2013. Still, it was not easy

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1. Czech medical science is presented in this manner particularly in the works of Czech historians Petr Svobodný and Ludmila Hlaváčková. See Petr Svobodný, Petr; Hlaváčková, Ludmila. Dějiny lékařství v *českých* zemích. Praha: Triton; 2004.
2. I follow Vladan Hanulík in his use of this concept: Hanulík, Vladan. Dějiny těla z pohledu Patientengeschichte. In: Lenderová, Milena; Hanulík, Vladan; Tinková, Daniela. Dějiny těla. Pardubice: Univerzita Pardubice; 2012. p. 179-227. Hanulík, Vladan. Historie nekonvenčních léčebných praktik v době profesionalizace medicíny: Vznik a vývoj lázní Gräfenberg v 1. polovině 19. století. Pardubice: Univerzita Pardubice; 2017. Lenderová, Milena; Tinková, Daniela; Hanulík, Vladan. Tělo mezi medicínou a disciplínou. proměny lékařského obrazu a ideálu lidského těla a tělesnosti v dlouhém devatenáctém století. Praha: Nakladatelství Lidové noviny; 2014.
3. The law of 1888 ordered that all municipalities with more than 6,000 inhabitants appoint and fund a municipal physician. Smaller municipalities were to have a common district doctor (this is a Czech provincial variant of the law of 1870 for the Austro-Hungarian Empire; in Moravia it was adopted in 1884, in Silesia not until 1896).
4. The availability of medical care was to be extended to workers and officials through compulsory accident, and later health insurance, which came into force in 1888.
5. Svobodný, Petr. Lékaři v českých zemích 1848-1939. In: Profesionalizace akademických povolání v českých zemích v 19. a první polovině 20. století. Praha: Archiv akademie věd ČR; 1996. p. 133- 137.

for university-educated physicians to acquire a clientele of paying patients that would provide them with a comfortable living. This article examines the challenges physicians and the medical profession in general faced in the Czech Lands during the second half of the nineteenth century. The focus is particularly on the configuration and transformations of the ideal of the «good doctor», which will be analyzed by focusing on several key issues such as bloodletting, prescribing drugs, and financial aspects of professional practice. The dispute between the «younger» and the older, «experienced» practitioners concerning the treatment of patients, which took place during the 1870s-1880s, sheds light on the key transformations in medicine, such as the growing importance of an experimental scientific approach in medical education and its impact on the self-image and professional of physicians as a professional group.

2. Professionalization of the medical market

During the second half of the nineteenth century, the healthcare market underwent a process of professionalization. We can observe this important change in the contemporary medical guidebooks called *House Physician* and in *Časopis lékařů českých* (*Journal of Czech Physicians*), the professional journal of the Czech-speaking physicians of Bohemia and Moravia. These will be the two main sources for my analysis. *House Physician* is a genre of medical guidebooks for layperson, in the case of an illness or injury in the family. Veronika Najmanová has defined them as follows:

> «The book was intended to serve its male and female readers as a counsel and helper in issues of human health, including cases of medical issues that male or female patients would consider too embarrassing to share with a physician. It's easy-to-understand style and examples from everyday life were supposed to make these publications accessible even to people who would otherwise mistrust the scholarly advice of physicians. «House physician» thus stood at the frontier of the scientific and popular discourse on health, the authors being educated physicians, specialists in different branches of medicine, who strove to transmit a specific body of knowledge in a simple way, in order to protect the life and health of the largest possible part of the population»[6].

6. Najmanová, Veronika. «Jak bychom přirozeně žíti měli, abychom dosáhli věku nejvyššího»: Gender v tzv. «domácích lékařích» druhé poloviny 19. a počátku 20. století. In: Dějiny - teorie - kritika / Roč. Praha: Fakulta humanitních studií UK; 2015, pp. 7-31

Most *House Physicians* had a common structure of their content. Firstly, there was an introduction in which the authors engaged in comments about other medical professionals and other figures present on the healthcare market. They also expressed their reasons for writing the guidebook, insisted on patients calling for a physician when sick, and warned against attempting to heal oneself, against home remedies and against the practices of uncertified healers. The first section of the book usually addressed the hygienization of society. The mid-section consisted of a list of diseases organized in alphabetical order. Their cause and symptoms were described there, together with the therapy, drugs, and remedies to be applied, and whether it was necessary to call for a physician or if the patient and their family could deal with the issue themselves. The last section included a list of recommendations concerning the contents of a first-aid kit. While the authors criticized patients who preferred to heal themselves and use home remedies, they did acknowledge that, in many cases, patients could indeed heal themselves and their family members, provided they followed the physicians' professional advice, such as that given in a *House Physician*. This was preferable to patients further damaging their health by using either ineffectual or harmful methods. The last part often included advice organized in alphabetically ordered entries about disinfection, baths, poultices, and other issues and methods commonly used in healing at home.

Another source used to examine the process of medical professionalization in the Czech Lands is the journal *Časopis lékařů českých.* This was the first professional journal for physicians in the Czech language, published in 1862, although the journal *Živa* on natural history, published in 1853 and edited by the famous Czech scientist Jan Evangelista Purkyně[7], included a supplement entitled *Domácí lékař*, i. e., a *house physician*, dealing with medical issues. According to its original name —*Časopis lékařů českých pro lékaře, ranhojiče a lékárníky*, *Časopis lékařů českých* was aimed not only at physicians, but also at minor surgeons[8] and pharmacists. This indicates that, in the 1860s, physicians still considered minor surgeons not as rivals who stole their patients, but rather as their colleagues albeit lower in the

7. Jan Evangelista Purkyně (18.12. 1787-28.7.1869) was a Czech physiologist, anatomist, biologist, poet and philosopher. With his contribution on animal tissues composed of cells with nuclei, he became one of the co-founders of cytology.
8. In Czech, *ranhojič* referred to men with practical, manual skills who catered for injuries and diseases that could be cured by cutting and other similar procedures.

hierarchy of prestige. The superiority of physicians was made clear from the journal's graphic settings: surgeons and pharmacists are mentioned in much smaller lettering and only in the subheading. For the purpose of this article, I will focus particularly on analyzing the following texts: the article *Neštovice v Jičíně* (Smallpox in Jičín) by Vladimír Šíra[9] published in 1874[10], *Zkušenosti za nynějšího panování epidemických neštovic* (Experiences from the Current Preponderance of the Smallpox Epidemic) by Karel Kavalír[11] from 1873[12], Ignác Kvapil's[13] *Ze života venkovského lékaře* (From the Life of a Rural Physician) from 1867[14] and an anonymous article *Ze života praktického lékaře v horách* (From the Life of a General Practitioner in the Mountains) published in 1865[15].

Should the *Časopis lékařů českých* be considered an official journal of the Czech medical profession? In the first few decades of the journal's existence, Czech physicians associated voluntarily in the *Spolek lékařů českých* (Czech Physicians' Society)[16]. The Czech Medical Chamber only came into existence in 1894, but it was the Czech Physicians' Society which continued to publish the journal. One way or another, it was the only journal aimed at medical professionals in the Czech language published in the Czech Lands[17]. It enjoyed great prestige and authority, as proven by the fact that the most important Czech physicians[18] of the time contributed to it with their publications.

These two kinds of sources provide us with a good overview of the image Czech physicians tried to project among their peers and before their

9. Vladimír Šíra (24. 3. 1830-24. 4. 1889) surgeon at the regional court in Jičín, physician at the hospital in Jičín.
10. Šíra, Vladimír. Neštovice v Jičíně. *Časopis* lékařů *českých*. 1874; 13 (22): 174.
11. Karel Kavalír (12. 9. 1835-12. 2. 1897) head physician at the hospital in Příbram, chief district physician in Písek, chairman of the Czech Physicians'Society in the Písek District.
12. Kavalír, Karel. Zkušenosti za nynějšího panování epidemických neštovic. *Časopis* lékařů *českých*. 1873; 12 (34): 285.
13. Ignác Kvapil (3. 7. 1835-16. 7. 1917) district doctor in Chudenice. In 1862, he was one of the founding members of the Czech Physicians' Society. His son Jaroslav Kvapil was a well-known poet.
14. Kvapil, Ignác. Náčrtky z praxe venkovského lékaře. Časopis lékařů českých. 1867; 15 (30): 237.
15. Anonymous. Ze života praktického lékaře v horách. Časopis lékařů českých. 1865; 13 (48): 382.
16. On June 26, 1862, an imperial decree approved the establishment of the Czech Physicians' Society. The establishment of the Journal of Czech Physicians, which began to be published on 15 January 1862 under the leadership of Bohumil Eiselt, certainly contributed to this.
17. Medical journals written in German and published in the Czech lands included *Prager medicinische Wochenschrift* (1876-1915) and *Medizinische Klinik* (1904-1944).
18. For example Bohumil Eiselt, Josef Thomayer, Josef Pelnář etc.

patients, but also about the conflicts and tensions that plagued the medical community at that time.

3. The enemies of physicians: self-healing, home remedies, charlatans, and bloodletting surgeons

In the second half of the nineteenth century, physicians in the Czech Lands and elsewhere[19] strove to fully professionalize medical practice, dominate the medical market, and establish their monopoly on authority in healing. Criticism of other people who operated on this medical market was one of the physicians' main weapons. They emphasized the features that distinguished them from these other figures, particularly their scientific education, a specific cultural capital on which they based their authority vis à vis not only the patients, but all those who had not obtained such an education. They also stressed their education when demanding good remuneration for the healthcare they provided and for prescribing drugs and therapies. They argued that, as university-trained physicians, they applied their education and followed scientific discoveries, while charlatans, healers, and other similar individuals only exploited people's ignorance for their profit. Not only did they portray these rivals as profiteers, but they also presented them as incompetent and ignorant, in a similar way to midwives. They argued that such people were a danger when operating in the medical field as their practices were either useless or harmful, even life-threatening. The healers' practice was presented as profit-driven and exploiting human ignorance. The remedies they recommended and/or sold to their patients were labelled by physicians as a fraud, used avariciously to extract money from naive people.

This damning criticism did not always mean that physicians strove for the complete elimination of these figures; sometimes they were prepared to accept their subordination to the physicians' superior medical authority. They felt threatened, as these healers represented serious competition on

19. Lenderová, Milena; Tinková, Daniela; Hanulík, Vladan, n.3. Gilarranz, Ainhoa. Disease, deformity and health terrors in 19th-century cartoons: a cultural history of science. In Theatrum historiae. 2020; 27: 31-58. Martykánová, Darina; Núñez-García, Víctor M. Vaccines, Spas and Yellow Fever: Expert Physicians, Professional Honour and the State in the Mid-Nineteenth Century. Theatrum historiae. 2020; 27: 7-30. İlikan Rasimoğlu, Ceren Gülser. Introduction of the modern physician and the debate on medical professionalism in the 19th-Century Ottoman Empire. Dynamis. 2021; 41 (2): (in this volume)

the healthcare market: they were indeed able to compete with educated physicians for patients and profit. Many people preferred healers to physicians, even if their services were not necessarily cheaper. The physicians argued that far from envying the healers their clients, they were concerned for the patients, as they received deficient therapy driven purely by profit. At this stage, physicians were prepared to accept the existence of such figures in the medical field, provided they submitted to the physicians' authority. They were supposed to «know their place» which was, according to the physicians, well below that of a university-educated medical professional.

Such was the case of midwives. The physicians considered these women as a necessary evil that had to be tolerated due to the lack of qualified male obstetricians. As late as 1910, 98% of the births in the Czech Lands took place at home, the mother being usually assisted by a midwife. By law, a midwife was entitled to handle a physiological birth independently but had to call for a physician in the case of complications[20]. For decades, physicians strove to situate themselves above midwives in terms of authority and income, arguing by their higher education and credentials. Once this hierarchy was clearly set and endorsed, the competitive relationship turned to a hierarchical cooperation, the midwives attending physiological births and physicians intervening when complications occurred. The post of municipal midwife was created to attend the poor at birth, just like municipal physicians did for all kinds of diseases and injuries[21]. Bohumil Bouček, who served as a municipal physician (*městský lékař* in the town of Poděbrady) in fin-de-siècle Bohemia, stated in his notes the following: «on December 13th I rode 61 kms on a sleigh and I worked from 6 a.m. to 10 p.m. with no break [...] on August 7th (a Sunday) I finished 4 births»[22]. While four complicated births on a single day might have indeed taken place in the area he oversaw, it is possible that if a physician on public salary was available, people called for him to «finish a birth» even if it was not particularly complicated.

The figures that could not be subordinated or expelled from the medical filed were of great concern for the physicians and they construed them as

20. Midwives were forbidden to carry out *medical interventions* by an Instruction for Midwives issued by the Ministry of Interior on 25th of March 1874. See Lenderová, Milena. *Ženy* s kufříkem a nadějí: Porodní báby a asistentky v *českých* zemích od poloviny 19. století do poloviny 20. století, Praha: Karolinum; 2019.
21. See Lenderová, Milena, n. 20.
22. Bouček, Bohumil. Zápisky praktického lékaře MUDr. Bohumila Boučka v Lázních Poděbradech 1873-1923. Kolín: V. Hoblík; 1923, p. 32.

a threat to patients. Dr Peške[23], the author of a *House Physician* published in 1853, affirmed that:

> «Thousands of people lose their lives each year by throwing themselves into the arms of quacks, superstitious old women, enchanters and witches when ill. Other thousands of people lose their lives by not calling a physician in time and seeking medical assistance only when it is already too late. A great number of the ill end up kneeling under the grim reaper's scythe because they wanted to cure themselves with all sorts of home remedies, erroneous and taken haphazardly, not knowing their effects»[24].

According to the author, his contemporaries preferred home remedies, some of which might have been efficient, but were used incorrectly by the patients. Even if they decided to seek help beyond their household, a physician would not be their first choice. They would go to an alternative healer who physicians argued, charged their patients even if their help was useless. It seems that people in the second half of the nineteenth century trusted healers more than they did physicians, and believed in the efficiency of their practices, even if they were labelled as quacks and charlatans by physicians and by the authorities. People considered the healers' practices to be successful, because in their everyday life they knew of cases when the healers' patients recovered from their illness[25]. As for the physicians, examples of their success were rarer, as few of them were available and people tended to go to them only when the situation was dire, and all the home remedies and alternative healing practices had failed.

Dr Peške warned patients that healers had no efficient remedies or methods, and that their therapies were just a way of tricking the patients out of their money. For him, the difference between a healer and a physician was not profit itself, but the fact that the physician took money for applying his expert knowledge while the healer —labelled a quack by the author— acquired money by exploiting human stupidity. The physician did not forget to stress that people could save a lot of money by calling for a doctor much earlier, before the sick were on their deathbeds. He explicitly acknowledged the fact that for layperson illness was closely linked to death, a link that Roy

23. Bio not found, according to his book, he was a general practitioner in Malešov.
24. Peške, František. Nový domácí lékař. Praha: Bedřich Rohjček; 1853, p. 4.
25. Stolberg, Michael. Experiencing illness and the sick body in Early Modern Europe. London: Palgrave Macmillan; 2011. p. 21-24.

Porter has attributed to religion[26]. Dr Peške also warned his readers not to expect too much of *House Physician*, and not to believe that the book in their hands would automatically save them. He strove to convince his readers about the usefulness of promptly seeking the services of a physician in the case of a serious illness or injury. I understand this warning as a preventive protection against accusations in the case that the methods that he proposed in his book failed. Moreover, it may be a way of encouraging patients to always seek out a physician in the case of a serious illness, even when they have a medical guidebook to help them through the illness and therapy. He explicitly declared that his advice was aimed at helping people when medical care was not available or when an action was urgent[27]; otherwise, he argued, «...a reasonable man sends for an experienced physician»[28]. Thus, he appealed to the common sense and conscience of the patients and their kin.

Negative emotions and concepts related to patients permeate the author's narrative. Like many of his colleagues, he was exasperated by their attitudes and behaviour. He admonished them for preferring home remedies and for seeking the help of healers with no formal education. Among physicians, it was common to percieve patients as having no relevant knowledge of medical science and methods, as credulous, even stupid. Not only did they have little idea about how to heal themselves, but they were also unable to use the drugs available to them correctly and apply the procedures they were told to. It may be considered paradoxical that, at the same time, Dr. Peške and other young physicians tried to convince their readers/patients to refuse the obsolete methods of older physicians, appealing to their healthy common sense. One way or another, they strongly disapproved of the current state regarding patients' behaviour.

Physicians also showed their indignation concerning patients' unwillingness to accept them as the sole authority in the field of healthcare and the fact that the patients followed their own opinions and reasoning, not the physicians' advice. In the second half of the nineteenth century, this attitude clearly frustrated physicians, who showed little understanding for it and reacted with barely disguised disdain, at least in writing. Their growing sense of entitlement to exclusive authority in the medical field led to an

26. Porter, Roy. The patient's view: Doing medicine history from below. Theory and Society. 1985; 14 (2): 193.
27. Peške, n. 24, p. 4-5.
28. Peške, n. 24, p. 7.

increasingly aggressive tone, including criticism of and snide remarks about patients. While in the 1850s Czech doctors displayed an effort to understand patients and empathize with them in order to convince them[29], in the following decades, the physicians seemed to have grown more confident about their knowledge and methods and about their right to exercise authority in their field of expertise. They felt entitled to be indignant at the behaviour of their patients and old-fashioned colleagues and show their rightful outrage.

The criticism of patients was not new in Central Europe, but I argue that it grew in qualitative and quantitative terms. The famous physician Christoph Wilhelm Hufeland[30] reproached patients for failing to seek medical assistance, underestimating their symptoms and proceeding erroneously in therapy. According to his opinion, «…half of the [illnesses] would not have had fatal consequences if they had been treated by a real physician from the beginning»[31]. Healing at home was criticized by Josef Pečírka[32] (1870), who gave the example of urinary tract infections: «All home healing has no beneficial effect and only makes the issue worse, as the illness progresses further and help becomes more difficult. This help can be provided only by a good minor surgeon»[33]. Not only did Pečírka find home healing inefficient, but he also warned about its damaging consequences. Home remedies were unable to cure the disease, and the patient's condition worsened to the point that a skilled minor surgeon, who would have been able to provide efficient help in the early stages, had difficulty healing the patient. In this example, the physician, in fact, recommended the patients the services of a minor surgeon, arguing that his special tools and skills were successful in fighting

29. Rambousková, Barbora. Utváření pacienta: analýza vztahu mezi lékaři a pacienty v českých zemích 1850-1914. M.A. Thesis: University of Pardubice; 2020.
30. Christoph Wilhelm Hufeland (12.8. 1762-25. 8. 1836) was a German physician, neuropath and writer. He is considered the most important general practitioner of his time, and was also a physician of the King of Prussia. He was interested in prolonging life - macrobiotics. However, his work was not published in Czech until 1902, as part of the Library of Instruction edition: a cheap collection of small books of world literature by J. Otto, his work being translated to Czech by Dr Vladimír Preininger.
31. Hufeland, Christoph Wilhelm. Umění jak možno život lidský prodloužit.(makrobiotika). Praha: J. Otto; 1902, p. 152.
32. Josef Pečírka (11. 10. 1818-27.5. 1870) was a Czech physician, pedagogue, writer and translator. However, he did not study medicine, but taught natural history at grammar school. He is the author of a large number of popularising works, as well as the well-known Pečírka calendar. The work was published for the second time in 1877.
33. Pečírka, Josef. Domácí lékař: učení o člověku ve stavu zdravém a chorobném. Praha: Rohlíček a Seivers; 1886, p. 290.

this specific illness. This may seem puzzling, taking into consideration the fact that contemporary physicians often criticized and disdained minor surgeons. I would argue that minor surgeons were only promoted to the same level as physicians after 1875[34] which caused discontent among physicians, so Pečírka, who was writing before this promotion took place, must have considered them to be placed well below him in the medical hierarchy, entitled to carry out tasks he considered routine or mostly requiring manual skills, and felt no need to deny them a practice corresponding to their place.

Physicians also strove to refute all kinds of popular wisdom about healing as a part of their effort to shift the balance in favour of professional help instead of home remedies. For centuries, sayings and mottos have circulated among the people, which were supposed to provide advice on staying healthy or overcoming illness, such as the - bez čárky saying «keep your feet warm and your head cold». Physicians pointed to the fact that most of them were erroneous. Vilém Šel[35] in his work (1874) appealed to a person's common sense, hoping one would not believe whatever was being said. He had absolute contempt for the justification, in this view common place, which argued: «Our forefathers did it like that and it did them no harm, so it won't kill us either»[36]. The author maintained that it was obvious to anyone that the world had changed. The forefathers in question had not been exposed to polluted air or drunk spoilt water. In this way, he wanted to stress the need for hygiene measures in the modern world, such as boiling water from a deficient water supply network - samostatná slova to be sure one was drinking a safe, potable liquid.

Some sayings were considered merely proof of ignorance. However, in some cases popular practices revealed a belief in sorcery or magic. Such is the case of the evil eye or casting a spell:

> «Sometimes, when a person faints in a room full of people, having been apparently fully healthy before, the old women then immediately maintain that (the person) has been bewitched or got the evil eye, particularly if (the

34. In 1873, the surgical schools, where their teaching had taken place hitherto were abolished, and disappeared completely after 1875. See Svobodný, n. 6, p. 127-133.
35. Vilém Šel (14.2. 1830 – 21.12. 1912) general practitioner, also engaged in obstetrics and forensic medicine, practiced in the city of Pilsen, and was actively involved in public life, particularly in associations linked to Czech national movement. For example, he was co-founder and first mayor of the gymnastics organization Sokol in Pilsen, co-founder of Hlahol, Měšťanská beseda and the Literary Association.
36. Šel, Vilém. Domácí lékařství. Praha: F. A. Urbánek; 1874. p. 86.

> person) suffers from a strong headache. Can a person really be bewitched? Any reasonable person will answer that (they) cannot»[37].

Dr Šel proceeded to explain that feeling weak or fainting in a room full of people could be attributed to the fact that the air in a full room had become hard to breathe, rather than to a glance from another individual. He was aware that people associated the evil eye with people or objects that caused disgust or fear, and put this explanation forward to further support his effort at rationalization of the phenomenon:

> «[...] the unexperienced ill (person) supposes he became sick from looking at a disgusting thing or at an ugly person, and in this last case insists that this person bewitched him. However, neither the thing of disgusting appearance nor an ugly person is at fault. The only guilty part is the ill state of the stomach. No one can be bewitched, but one can be bewitched — by himself»[38].

The author also refutes myths about spontaneous combustion after alcohol use: «Stories are told about people who spontaneously combusted after excessive consumption of spirits and burned to death, leaving only a small heap of smelly ashes. Such horrible events are described even in several medical books. There is no truth in this, however, and such spontaneous combustion is impossible, as any chemist will confirm»[39]. This myth was quite popular in Europe and America at the time and was used to warn and frighten people off alcohol abuse. Alcohol had long been perceived by doctors in contradictory ways, they attributed it both positive and negative effects during treatment. It was not until the turn of the 18th and 19th centuries that doctors became more interested in the harmful effects of drinking alcohol. During the 19th century, alcohol abuse began to be characterized as a separate disease. This was followed by the creation of terminology and the gradual analysis and classification of the disease itself, as well as its symptoms and consequences for human health. According to W.F. Bynum, alcoholism was defined as an acute alcoholic disability. Although alcoholism was defined as a disease during the 19th century, the practical use of alcohol in the treatment of diseases was not condemned until the early 20th century. Until then, there were still theories about its appropriate use in medical therapy, such

37. Šel, n. 36, p. 138.
38. Šel, n. 36, p. 138.
39. Šel, n. 36, p. 300.

as the appropriate use of stimulants (alcohol and opium) in the treatment of aesthetic diseases, according to John Brown[40].

The author also described and criticized popular methods of «healing» a fever by scaring the patient. Regarding these practices, he appealed to common sense:

> «Among the people, countless practices for healing fever still predominate, which are mostly based on provoking disgust, such as swallowing disgusting things (lice, spiders, urine, etc.) or exorcism, scaring, etc. Every reasonable person admits that such healing cannot have any effect —besides a damaging one, particularly taking to into consideration the fact that fever is a special kind of blood fermentation and can only be healed with anti-fermentation actors»[41].

Dr Josef Prokeš[42] also took a negative stance towards home remedies and methods in his work (1880): «It often happens that if someone in a family falls ill, they are cured by so-called «home remedies», which not only do not improve the disease but on, the contrary, often make it worse; therefore it is necessary to call for an experienced physician»[43]. At the same time, he fully acknowledged that there were minor ailments, such as headache, toothache or cold, and in such cases, calling for a physician was not necessary. Such ailments could be healed with the home remedies he listed in his book as safe and efficient.

For Dr Prokeš, common people were incompetent and inexperienced laypersons; he referred to their home remedies with derision. Nonetheless, he regarded himself as too educated and busy to be called to banal, simple cases, in which ordinary people could indeed help themselves. Even then, however, they ought to follow a physician's expert advice. The inexperienced layperson could also act in case of a sudden sickness, when immediate help was needed and there was no physician nearby. In such cases also, they were supposed to follow the advice outlined in his book. As he stated: «…we wish

40. See Bynum, William F. Chronical alcoholism in the first half of the 19th century. Bulletin of the History of Medicine. 1968, 2. p. 160-185; Saxton, Lauren. Before addiction: The medical history of alcoholism in Nineteenth-Century France. New York: City University of New York, 2015.
41. Šel, n. 36, p. 354.
42. Josef Prokeš (17. 3. 1841-2.7. 1927), according to the book, District physician in Prague, also served as Chief Medical Officer in Prague in 1870-1906 and chairman of the Czech Physicians' Society in 1896.
43. Prokeš, Josef. Domácí léčení: Poučení, kterak máme se zachovati v nemocech prvé, než lékař byl zavolán. Praha: J. Pospíšil; 1880.

to talk only about those diseases that can be easily understood by a layman and where he can act in advance, without hurting the patient, before the physician arrives»[44].

4. How to be a good doctor?

There were few opportunities for a physician in rural areas to show off his skills. In general, people tended to call for a physician in the case of a serious injury, when a serious disease was progressing rapidly, or when the patient was from a wealthy family. Dr Prokeš also argued that it was particularly difficult to establish a diagnosis when the diseases had

> «[...] been treated for some time using diverse home remedies by an old woman, shepherd, smith or whoever advised their application [...] It is expected both in the countryside and in the city that the patient wanders from one physician to another, explores all the doctors around, and from all he has been told, he chooses what his mind considers to be the most beneficial or what he considers to be the most beneficial and cheapest, according to the joint decision of his relatives, neighbours, old women etc.»[45].

This is a rather accurate, though bitterly critical description of the attitude of countryside dwellers when seeking medical help. Even when individuals decided to seek the help of a physician, they were not generally prepared to follow the advice of one physician, but rather called upon several doctors to learn their opinions. Even then patients did not automatically follow the physicians' advice, but rather discussed it with his/her family and friends. The physicians were not a superior voice of authority for the patients. Undoubtedly, economic criteria also played their part in the decision process. However, the physicians' services were not always more expensive than other available options and even then, many patients preferred those alternatives to a physician. People's attitudes to physicians were based on social habits and imaginary notions, rather than on previous experiences.

In the mid-nineteenth century, we may observe a transition from a traditional model of the physician to a modern one, as described, for instance

44. Prokeš, n. 43.
45. Anonymous, n. 15, p. 392.

by Roy Porter[46] or Edward Shorter[47]. The traditional physician[48] visited his patients in their homes. Such a visit to the patient's bedside was a complex ritual that also involved the family of the patient. The person who paid set the tone; the patient was therefore, in a certain sense, in a position above the doctor[49]. Consequently, the physician approached the patient asking How are you? How do you feel?, attributing importance to the patient's subjective feelings and descriptions. Polite conversation with the patient was part of the therapy, as it was a way for physicians into inquire on the symptoms in order to establish a diagnosis. As they had few other options to ascertain the patient's condition besides heart rate measurement and urine analysis, physicians depended greatly on the patient's own testimony. As a result, patients easily gained the impression that they actively participated in the process of diagnosis and healing. By contrast, the model of the modern physician is based on a marginalization of the patient's voice, with the physician growing in authority. Due to advances in medical science, physicians felt less need for patients to explain in detail all their pains and complaints. The shift from the patient's home to the physicians' surgery is another important feature in the changing balance of power between the physician and the patient, the surgery being the place over which the physician exercised full authority. In fact, patients soon started to complain about receiving less attention from the physician than previously. Physicians began to limit the explanations given to patients and merely instructed them on how to proceed with their treatment. While the patients might have been displeased with these changes, they sought physicians' help, as they had become convinced of the effectiveness of the drugs they were prescribed and of some of the new therapies[50]. However, this was a slow, gradual process.

Patients were used to the traditional ways of proceeding and were convinced that physicians would be able to help them only if they learnt from them all the details about their ailments. As a result, they complained about any therapy that was not preceded by such an inquiry and therefore,

46. Porter, n. 26.
47. Shorter, Edward. Doctors and their patients: A social history. New Jersey: Taylor and Francis; 1991.
48. For further details, see Bynum, W. F.; Hardy, Anne; Jacyna, Stephen. The Western medical tradition. 1800-2000. Cambridge: Cambridge University Press; 2006. Digby, Anne. Making a medical living. Doctors and their patiens in English market for medicine, 1720- 1911. Cambridge: Cambridge University Press; 1994., Stolberg, n. 26.
49. Porter, n. 26, p.175, 192.
50. Shorter, n. 47, p. 20-21, 63.

as they viewed it not adjusted to their specific case. They also felt entitled to ask their physician for detailed information and explanations. Patients often mistrusted the therapy, basing their opinions on those of their kin and neighbours. Nonetheless, physicians complained that if the therapy failed, patients tended to blame the physician. Overall, the patients' position vis à vis their doctor continued to be relatively strong, and they felt entitled to make demands concerning the therapy. Physicians often adapted to these requirements, afraid of losing clients. However, they developed a critical discourse towards such attitudes on the part of patients, framing them as displays of arrogance on the part of villagers who, due to their ignorance, did not show the physicians the respect which they deserved as highly educated experts. There were many grey zones between the model of a sensitive, understanding family physician who took care of patients from the cradle to the grave on the one hand, and a cold, impersonal encounter with a supreme authority in the field of medicine within the setting of a physician's surgery[51].

5. The ideal physician: a clash of two generations

The professionalization of the medical field gave new urgency to defining the ideal of the physician. Its definition was a dialectical process, fuelled by conflicts between the older and younger generations of physicians. They used platforms such as the professional press and «house physicians» in order to present their opinions on this issue and trade barbs, often with a great deal of venom. The older generation was less confident in the power of medical science, although some were well aware of recent innovations in therapeutic methods and in the understanding of diseases. They were not willing to abandon their old ways, as they considered them to be proven useful experience, and therefore reasonably good. A time-honoured and respected practice was a strong argument they were always ready to use. They were willing to make an effort and listen to their patients, not only out of the fear of losing a source of income, but also because they saw it as useful for the diagnosis and therapy. Ensuring their patients' satisfaction seemed more important to them than satisfying their colleagues or avoiding their criticisms.

51. Stolberg, n. 25, p. 64-76.

The younger generation received their diplomas later, after important changes had been introduced in medical education[52]. They endorsed new principles of medical science and supported new methods, and their application in treatment. Their education was their main argument and credential. As they argued, their training had already included innovative methods of treatment, but above all, fostered an appreciation for constant innovation instead of experience-based healing. In this sense, these were progressive young doctors who did not hesitate to criticize their older colleagues as ignorant, almost on the level of their ignorant patients. This group, which obviously shared the notion of patients as ignorant layperson, emerged as an important voice in the medical profession during the 1870s and 1880s. This change in the discourse was also fuelled by the fact that practicing surgeons were promoted by law to the category of physician and, for the new generation, the education of physicians and surgeons was merged and consequently graduates were all considered physicians from then on[53]. The young physicians were entirely comfortable with the unification of education and title, but were indignant at the elevation of older surgeons, who had not received what the young physicians considered a scientific education.

This generational clash blew the question of what a good physician should be wide open. The most discussed topics related to the professional honour of physicians included bloodletting, drug prescription and the financial aspects of healing (framed in terms of avarice vs. well-deserved remuneration). I will address all these issues in the following section.

6. Bloodletting: professional honor in jeopardy

Bloodletting was a practice deemed by the younger generation of physicians to be particularly old-fashioned, but above all damaging and potentially lethal. They argued it ought to be abandoned once and for all, basing. Their stance on the conviction that they were implementing the findings of modern

52. See Lenderová; Tinková; Hanulík, n. 2. Petr Svobodný, Petr; Hlaváčková, Ludmila, n. 1. Tinková Daniela. Uč se vážit svého zdraví, nemoc tě radosti zbaví". Zdravotnická disciplinace a osvěta obyvatelstva českých zemí na prahu 19. století. In; Blümlová, Dagmar; Kubát, Petr et al. *Čas* zdravého ducha v zdravém těle: Kapitoly z kulturních dějin přelomu 19. a 20. století. České Budějovice: Jihočeské muzeum v Českých Budějovicích and Společnost pro kulturní dějiny; 2009. p. 9-32.

53. Svobodný; Hlaváčková, n. 1, p. 127-133.

medical science, but they had difficulty putting it into practice. They soon encountered resistance from their patients, particularly if they practiced in a small town or rural area. Countryside dwellers shared the stance of many of the older generation of physicians regarding bloodletting as a time-honoured method. Thus, the physicians who considered bloodletting to be useless and outright dangerous faced criticism from potential patients, who chose not to use their services if they denied them this particular therapy. The patients were willing to travel to find a doctor who would give them what they were after and to pay him handsomely for that service.

Josef Pečírka was extremely critical of bloodletting, together with many other traditional medical opinions and methods, which he considered obsolete:

> «[...] the extent to which medical opinions were erroneous in olden days is obvious, and similarly how damaging the teaching about the bloodletting was, and not only because of the fact that all bloodletting is damaging, but even more so because it was applied to all kinds of ailments and the physicians felt at peace with their conscience when they bled the patient and prescribed him a jar of some odd brew!»[54].

He condemned his older colleagues' practices outright as damaging to health. At the same time, he interpreted them as a sign of laziness or conformism: in his opinion, the physicians bled and prescribed useless drugs merely to satisfy their patients, instead of genuinely trying to diagnose and heal them. He linked this attitude to that of the patients' who were ready to complain but considered themselves satisfied and adequately cared for if bled and prescribed whichever useless drug. Pečírka argued that the physicians preferred bloodletting to taking their time to explain to the patients that they did not need any such practices in order to heal. He considered such behaviour on the part of his colleagues not only negligent, but downright dangerous for the patient.

Bloodletting could have potentially fatal consequences, Pečírka argued:

> «The patient and his kin also believed that all healing consisted only of this [in bloodletting], if the blood is taken and [the drug?] used – and if the patient died, both the physician and the kin comforted themselves with the conviction

54. Pečírka, n. 33, p. 7.

> that there was no way of helping the patient, but if he recovered the healer received a great deal of praise for having healed the sick by bloodletting»[55].

We observe that the author reproached not only the patients, but also his colleagues for their faith in bloodletting, blaming them for their ignorance regarding the uselessness and damaging effects of this practice. He was deeply concerned about bloodletting being considered a practice capable of healing people, and he reprehended the physicians for being conservative. In his view, the physicians in question encouraged the strong faith in bloodletting that was widespread among patients. Doctor V. K.[56] also argued that bloodletting was an obsolete method, «… abandoned by wise physician»[57] and labelled it as useless, «…because nature often does the healing, and a physician should only take care of preventing a person from worsening his state by unwise behaviour»[58]. What strikes us here is that even a physician who expressed his scepticism regarding medical therapies, either modern or old, preferring to trust the healing powers of nature, joined in the condemnation of bloodletting as extremely harmful.

Doctor Ignác Kvapil who practiced in the small town of Chudenice, stressed as highly problematic the fact that older colleagues who practiced in rural areas were willing to pander to the demands of the rural population.

> «Many of the old doctors, scattered here and there, are using bloodletting for every disease. […] The people are so obstinate and convinced of the harmfulness of blood that a distant patient usually calls for a doctor only when he thinks that he needs his bloodletting. If I do not wish to perform bloodletting, and I never do, the patient often tells me that he will go to this or that doctor, who will perform the service if he only pays 20 crowns. Doesn't this sort of healer reaffirm people in their old attitudes even more?»[59].

In Dr Kvapil's opinion, the backward mentality of the patients was only part of the problem. Even worse were those physicians who were willing to perform bloodletting for money in order to satisfy the patient's desires, even if they were aware that the practice was generally considered har-

55. Pečírka, n. 33, p. 7.
56. This author is anonymous.
57. V. K., Malý domácí lékař. Praha: according to library dating, this was not published before 1879.
58. V. K., n. 57.
59. Kvapil, n. 14, p. 237.

mful and dangerous by the medical community. Furthermore, the issue of bloodletting had consequences that went beyond an individual physician's scientific credentials and conscience. It impacted upon the financial standing of general practitioners. If a given municipality provided a physician with a relatively meagre salary, he could often see performing bloodletting on his private patients as the only way of covering his basic needs, even if it meant compromising his convictions.

Dr. Kvapil painted rural dwellers as obstinate in their ignorance and confident in their doctor-hopping. They determined their own diagnosis and therapy, which they insisted upon, and threatened the physician that they would seek out another doctor if he refused to pander to them. They did not expect the physicians to stick together as professionals presenting a coherent, uniform attitude before the patients. Rather, they considered physicians to be a diverse group from which they could pick the one they found most appropriate. This logic placed physicians as a profession in a weak position vis à vis the patients, even if an individual physician could benefit from it by «stealing» his colleagues' patients. It was the patients who decided the fate of a physician, rather than the opposite[60].

An article *From the life of a general practitioner in the mountains*, published in December 1865, presented a physician's experiences with his patients. The author considered practicing in rural areas to be much more varied and interesting, but also more difficult and demanding than working as a physician in a city. Working in the countryside had distasteful aspects, too. His main concern was the insistence on bloodletting and the unwillingness of the villagers to call for the doctor when a child was sick. According to the author, every physician who arrived in the countryside had to surmount the obstacles created by his predecessors. A rural physician first needed to earn the confidence of the people, which was not guaranteed by his diploma. To build this trust, he could not simply abolish the old habits and introduce new methods. He had to proceed cautiously, choosing his battles well. The physician explained that he focused on convincing the patients to call for him when a child fell ill and to stop insisting on bloodletting. Michael Stolberg shows that this was a pressing issue on a transnational level. He argues that as the physicians' priority was to preserve the patients' trust, and not to stick together with their colleagues and impose uniform professional criteria,

60. Kvapil, n. 13, p. 237.

they preferred to give in to patients' demands in order not to lose money, even if they were not convinced of the therapeutic effects of bloodletting[61]. Within the Czech context, this is clearly shown in the following complaint:

> «Ultimately, however, I was in danger of slowly losing even the little practice I had so far, and that I would eventually starve to death with my family, and I learned that all my patients were visiting doctors who did not hesitate to laugh at me and shed the blood of the poor patient (I heard in my ears: It would be all right if only our new doctor wanted to perform bloodletting)»[62].

This specific doctor continued to refuse to perform bloodletting. Even the local priest interceded on his behalf, trying to convince people to accept the physician's explanation, but they insisted on this specific therapy time and time again. Under such pressure, and taking into consideration the fact that his older colleague in the area performed bloodletting whenever asked to, the physician admits he finally gave in. He tried to excuse his submission to the patients' demand by arguing that it was only temporary, until he managed to convince his patients not to ask for it.

In the Czech Lands, as well as elsewhere in Europe and beyond, paying patients were in a position of power, and could force physicians to apply methods they considered to be unscientific and harmful[63]. In a way, in the eyes of a «modern» doctor, his patients paid to be hurt, to put their life at risk, but he had little authority to prevent it. People insisted on bloodletting when they were simply tired or flatulent. Apparently, some trusted this method so much that they removed their bandages on the way home from the doctor's in order to let more blood out. Sometimes they were found outside almost dead from blood loss. If a physician was uncomfortable about this, he needed to tread carefully. Our anonymous Czech doctor argued that as he showed willingness to satisfy the patients' wishes, people started to ask for his services more often and he «…won the full trust of people near and far»[64]. He was proud of this, and promised to use this newly gained trust to slowly discourage people from bloodletting: «…I have already come so far that now the patient lets me decide whether to perform bloodletting or

61. Stolberg, n. 25, p. 68-69.
62. Anonymous, n. 15, p. 382.
63. Stolberg, n. 25, p. 74-75.
64. Anonymous, n. 15, p. 383.

not. They do not demand bloodletting in the case of a minor illness, and the patient is not aggrieved if I decide not to let»[65].

Overall, we observe that in the second half of the nineteenth century physicians came to question long-established patterns. Patients and their kin were accustomed to managing their treatment, and when a physician was called to the sickbed, he knew he needed to adapt, not only because he needed the fee but also to gain the patients' trust, a task that was far from easy. The public —not only in the countryside— expected that the physician would take their feelings into account and fulfil their expectations and demands. The older physicians accepted this and considered empathy towards the patients, listening skills, the capacity to earn the patient's trust as well as adaptability not as weaknesses, but as necessary qualities in order to be a good physician. Younger physicians were more confident in modern medical science and considered it their duty to fight against practices that were harmful or useless. The issue of bloodletting thus affected both physicians' professional honour and their livelihood. Within a context in which physicians were taught that bloodletting was harmful and obsolete, and began to resist the demand to practise it, bloodletting became a way of measuring the trust between the doctor and the patients. Most physicians were, in fact, forced by the rural population to betray their convictions and perform bloodletting, if they wished to have a private clientele and, an extra income to complement their meagre public salary, which they needed to make a «decent living», corresponding to the expectations of middle-class men (and their middle-class wives).

7. Framing the drug prescription: avarice or pandering to patients

Another common criticism within the professional community of physicians was related to prescribing drugs and remedies. Many physicians were of the opinion that their colleagues prescribed too liberally and accused them of avarice. However, these criticisms tended to acknowledge that, as in the case of bloodletting, the patients expected to be prescribed drugs. If the doctor did not do so, they doubted his effort and ability to help and cure them. As a result, many physicians used a placebo, i.e., remedies they considered harmless

65. Anonymous, n. 15, p. 383.

but useless, just to fulfil the patients' expectations and protect them from harm. The aim was to preserve their trust.

Many, like Dr Peške warned against this fraud, pointing their fingers not at their colleagues, but at minor surgeons and lay healers. Dr Peške recommended only buying drugs in a pharmacy, a pharmacist being «...bound, unlike a quack»[66]. He warned against using chains against gout, explaining that the effect they had only depended on the patients' faith in them, thus, he described a sort of placebo effect[67]. He even discouraged the purchase of glasses at the grocer's, encouraging buyers to go to a specialized shop[68]. This again was a situation that could be found everywhere in Europe and beyond. As Michael Stolberg described, patients had convinced themselves that these remedies worked, because they had used them and did not get ill, or if they were ill, recovered a little[69]. Contemporary physicians were well aware of this, and described the effect such faith in a remedy might have on a patients' health, acknowledging that it could indeed improve a little.

Josef Pečírka criticized excessive prescription. He doubted that some of the drugs played any role whatsoever in healing. Physicians had to be cautious for several reasons. Some drugs could be harmful. Moreover, if the physician showed excessive trust in drugs and the patient did not use them as instructed —something the author considered common—, the doctor was in danger of damaging his reputation. If a physician prescribed a drug that was unnecessary, and the patient did not use it and recovered:

> «[...] then he would laugh at the physician! I argue: pity the physician who thinks that the patient was cured just by the little bottles, and poor patient who has such a physician! Trust me, my friends, recovery from an illness is often attributed to all kinds of drugs, while a knowledgeable man is surprised that these drugs did not cause a far worse disease!»[70].

Dr V. K. reflected upon the patients' expectations regarding the physician, and conversely upon what the physician considered his duty towards the patients: «Many people would be surprised if the physician had not prescribed them anything, and many physicians, particularly the older ones,

66. Peške, n. 24, p. 14.
67. Peške, n. 24, p. 17
68. Peške, n. 24, p. 42.
69. Stolberg, n. 25, p. 22-23.
70. Pečírka, n. 33, p. 7.

could not even fathom the idea of not prescribing»[71]. Often, the main reason for the patient to visit the doctor (or call for him) was to ask for a drug prescription. If no drugs were prescribed, the patient would often perceive it as a sign of carelessness and lack of interest in his case. Patients' demands for drugs were often discussed in professional publications[72], but also appeared in contemporary novels[73]. There existed a notion that all physicians were aware of this pressure. V. K. was one of the few physicians to express the conviction that it was innovative to let patients heal naturally, gently assisted by a physician. He accused older physicians of excessive interventionism, particularly with regard to drug prescription, which he considered backward.

Doctor V. K. also warned against ineffectual drugs sold by quacks and remedy-sellers, which he labelled as «fraud». This was the case, for instance, with remedies against epilepsy: «Secret (miracle) drugs are pure nonsense (fraud)»[74]. He held the same opinion on tuberculosis remedies: «The purported secret and miracle drugs against this disease are pure and sinful fraud»[75]. He also mistrusted the drugs prescribed by his colleagues to purify the body: «…particularly all these secret remedies, even those prescribed by a physician, if the drug is not proven useful and known to be harmless»[76]. Dr V. K. was the only one among our authors who openly criticized his colleagues regarding the issue of drugs, instead of blaming minor surgeons and uncertified healers, as it was common among his fellow authors of the *House Physician* genre.

However, accusations of avarice were common among peers. Some of the authors were ready to accuse their colleagues of avarice even for their very choice of the medical profession, and for their behaviour during their studies. They argued that some of their peers had decided to become physicians to earn large sums of money, and only focused on learning those therapies that were known to be lucrative. Profit-oriented attitudes were presented

71. V. K., n. 57.
72. Shorter, n. 47, p. 62-63.
73. See Čermák, Václav. Rok z dětského života: Dvanáctero povídek a naučení pro mládež. Hradec Králové: L. Pospíšil; 1874. Kejdana, Josef. Doktor Petřík. Praha: Jan Kotík, 1906. Machar, Josef Svatopluk. Nemocnice. Praha: Aventinum; 1913. Lužičká, Věnceslava. Doktor Matějíček. Praha: Přítel domoviny; 1891. Pravda, František. Slepá babička: původní činohra pro děti ve třech jednáních. Praha: Fr. A. Urbánek; 1867. About this issue, see also Posen, Salomon. The doctor in literature. Satisfaction or resentiment? London: CRC Press; 2005.
74. V. K., n. 57, p. 109.
75. V. K., n. 57, p. 123.
76. V. K., n. 57, p. 111.

as clashing with professional honour. The authors of *House Physicians* did not consider medical training and a degree as a guarantee of honourable behaviour, and emphatically criticized those colleagues who, in their opinion, gave priority to chasing profit instead of providing expert treatment and consolation to the sick.

Moreover, Josef Pečírka maintained that long practice and experience were also no guarantee that one be a good physician:

> «To reach a good understanding with the reader, must we tell him that a physician's excellence does not depend on a long practice in healing? All experienced person must admit that here and there we find a healer who was attended to thousands of patients and accumulated a large sum of money– and still he performs poorly as a physician, while many a young man who has just left the training in a hospital is an excellent and experienced physician. I am not saying that every young physician is excellent because of his youth; but the teachers of medicine, and the medicine itself, are much more advanced now than five and twenty years ago»[77].

The author cautioned his readers that a physician was just a man, and that the medical profession did not automatically make one honourable. He fully acknowledged that some of his colleagues were driven by avarice and a desire for profit. He considered younger physicians to be generally more knowledgeable than their older colleagues, due to the progress in medical science and education, which trumped the older colleagues' experience.

Dr Šel insisted on a moral approach and on the education of individual physicians. A diploma from a medical faculty was no guarantee of good healthcare. He argued that among diploma holders there were «…that species of people who always seek profit, for whom all is just business. Even during his studies, he does not focus on anything other than what is potentially lucrative»[78]. Šel thus presented himself as an honourable altruist who defended selflessness and civic values as the key to good medical practice. He also implied that his avaricious colleagues ended up being less capable, as they became accustomed to repeating attractive and cryptic medical formulae to impress patients instead of trying to do their best in each case.

77. Pečírka, n. 33, p. 132.
78. Šel, n. 36, p. 7.

The author tried to convince readers that his book would help them unmask such tricksters and identify truly educated physicians that kept up to date[79].

The anonymous doctor V. K. also differentiated between good and less than ideal physicians:

> «We say conscientious, because, unfortunately, although nowadays physicians have to study for a long time and acquire great education, even now there are many among them for whom the honourable profession of physician, to be a consolation and a helper of the patient, is of marginal importance, while they run after profit, which is the main concern for them»[80].

Dr V. K. implied that a medical education was no guarantee of medical honour and good morals, and that some colleagues gave priority to profit even to the detriment of good medical practice.

However, the issue of profit was not straightforward. Physicians had to negotiate the need to earn their livelihood[81]. Anna Bayerová[82] (1912), one of the first Czech female physicians, rejected the notion that physicians rejoiced when people fell ill and celebrated when they were called to a sickbed, thinking of the money they would receive. With great mordacity and humor, she strove to present the physician as an ordinary man whose duty was to feed his family, and for whom his practice was his livelihood:

> «[...] in general, everyone is deeply moved by the horrible fate of the public who have had to bear with the physician, who in turn needs to earn his livelihood from the diseases that plague and indeed must plague the public if the physician and his family are not to die of starvation. Surely this relationship is more embarrassing to the physician than to the public, whose lifestyle does not show a particular desire for preserving their precious health above all»[83].

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79. Šel, n. 36, p. 7.
80. V. K., n. 57.
81. Martykánová; Núñez-García, n. 19, p. 17-30.
82. Anna Bayerová (4.11. 1852-25.1.1924) the second Czech female medical doctor after Bohuslava Kecková, graduated in Bern in 1881.The original by the Austrian physician Anna Fischer-Dücklemann was published in 1901 (Fischer, Anna. Die Frau als Hausärztin. Sttugart: 1901.) Anna Bayerová translated her work into Czech and enhanced it with her own opinions and knowledge. On Anna Bayerová see Lenderová, Milena; Anna Bayerová, Anna Fischer-Dücklemann. Lékařky, zdraví a sexualita na přelomu 19. a 20. Století. Theatrum Historiae. 2012; 11: 153-166. Bahenská, Marie. Žena v medicíně: Anna Bayerová. In Vošahlíková, Pavla. Cesty *k* samostatnosti: portréty žen v éře modernizace. Praha: Historický ústav; 2010. p. 70-90.
83. Bayerová, Anna. Žena lékařkou. Praha: 1907, p. 214-215.

Bayerová's words bring us back to the ideal of a good physician and its challenges. There was a general emphasis on a good physician as someone willing to sacrifice himself for his patients, this being a self-representation promoted by physicians themselves, as well as an ideal representation widespread among the public. The profession was construed as a vocation, as an honourable mission and service that was beneficial for society and the state. Altruism and the civic value of contributing to the common good were at the core of this discourse. At the same time, the public and the physicians were well aware of the financial issues, the need to earn a livelihood and the expectation of maintaining a bourgeois social standing. The negotiation of the two aspects was complex and tricky. A physician could prove his altruism by attending to the poor free of charge, but at the same time he needed to impress wealthy clients, such as the local nobility for them to be ready to pay for his services. His public salary made it hard for him and his family to maintain a bourgeois lifestyle, something he needed in order to gain and preserve his reputation as a respectable professional and gentleman[84]. The fact that a physician earned good money was viewed as proof of his value among the public. However, it is rather symptomatic that medical publications hardly ever provided numbers or specific data when discussing economic issues.

8. Conclusions

Physicians practicing in the Czech Lands during the second half of the nineteenth century aspired to professionalize the field of medicine. Their struggle took place on several fronts. Physicians considered uncertified healers (whom they labelled charlatans) to be their main rivals, but they also argued against minor surgeons intervening *above and beyond* their limited knowledge and skills. Physicians found it offensive that patients tended to seek out such individuals before consulting a physician. They considered these figures to be incompetent, uneducated, unqualified, profit-driven fraudsters. They tried to transmit this image to the lay public by presenting cautionary tales of patients whose health had been damaged or who had died due to the malpractice of these charlatans and healers. In contrast, they presented themselves as those

84. Martykánová Darina; Núñez-García, Víctor M. Ciencia, patria y honor: los médicos e ingenieros y la masculinidad romántica en España (1820-1860). Studia Historica: Historia contemporánea, 2020; 38: 45-75.

who could often save patients after such inexpert, profit-driven intervention. The tone of these stories denoted a sense of superiority and arrogance, and the patients themselves were also not spared the physicians' criticism either. They were chastised for preferring incompetent healers, for trying to heal themselves and for using traditional home remedies that were not sanctioned by physicians and by medical science.

The books of the *House Physician* genre and the professional press both included references to important challenges to the effort to monopolize medical authority. The issue of patients' trust was considered of the utmost importance and was addressed explicitly or implicitly. These tensions crystallized around two major issues: bloodletting and drug prescription. Bloodletting was a medical practice that captured the imagination of the public, and people refused to abandon the practice when a stance prevailed in the medical community that such a practice was not only inefficient as therapy, but also dangerous. As patients continued to demand this therapeutic technique, it became an issue of medical honour. Many physicians were convinced of the harmfulness of the practice but needed to gain the patients' trust in order to persuade them not to ask for it. This made them aware of their weak position vis à vis the patients, while at the same time, they were confident that they possessed the correct, superior scientific knowledge. Bloodletting drove the point home: not submitting to patients' demands could threaten the physician's livelihood, as there were others, both physicians and healers, who were prepared to perform bloodletting. If physicians were divided and there were other figures in the medical field, the paying patients maintained a position of power from which to dictate their therapies. The issue of drug prescription brought similar tensions to light. Patients expected drugs and felt neglected if they had received no prescription, as if they had paid for nothing. The physicians often believed that no drugs were necessary, but acknowledged that they often prescribed harmless, but useless remedies to satisfy their patients.

The tensions that plagued the medical community had a generational dimension, at least in the Czech Lands. We can clearly observe a clash of an older and a younger generation of physicians in the 1870s and 1880s. The younger generation felt that submission to patients' wishes was undesirable, and that the older generation of physicians was compromising the medical profession by insisting on obsolete and/or useless methods and drugs, and by doing so, indirectly put pressure on the young generation of physicians to compromise their own convictions and expert criteria. The young phy-

sicians felt they could not afford to act honourably while older physicians continued with their obsolete practices: if patients could get the therapies they desired from the older physicians, they had the power to force the younger physicians to succumb to the patients' pressure, if only out of the need to earn their livelihood. This jeopardized their professional honour, because they saw themselves as men of science whose mission it was to put the new discoveries and theories into practice. In their turn, the physicians of the older generation were sceptical about new ideas and practices, as they operated by the logic according to which long-term use and experience guaranteed efficiency, or at least, harmlessness.

This conflict is, in a way, a struggle to define the ideal of the good physician. A notion emerged of the good physician as an honourable professional who listened to his patients but was not driven by profit and was willing to apply innovative therapies and abandon those that had proven useless. In a context where well-paid posts were scarce, physicians needed paying patients, and this made it difficult to fulfil the ideal. Unity within the profession seemed to be the way forward, together with the popularization of medical discourse. Physicians competed for patients, a competition in which some could win, and others could lose. However, competing by compromising professional criteria weakened the position of physicians as a professional group, and placed patients in a position of power. To strengthen their collective standing, physicians needed to adopt a uniform stance towards patients' demands. They used the professional press to establish such a common stance via discussions and critical debates. The younger generation of Czech physicians, confident about innovation in medicine, wanted all their colleagues to refuse certain practices, however profitable. They also strove to convince patients through the *House Physician* genre. This was a tortuous, complicated process that aimed at strengthening the authority of physicians as a professional group over patients. In this process, patients lost their capacity to decide on therapy. While this process was far from complete in the 1880s, we can clearly observe that physicians strove to reduce patients' capacity to dictate to them and minimize doctor-hopping, which they found demeaning. Fostering the unity of the Czech medical community helped professionalize the medical field and establish physicians' authority over all the actors therein. The power dynamics were about to change; it was no longer the role of the physician to listen to/obey the patient, but the patients should rather now obey the doctor. ▮